

THE DIVISION OF HEALTH OF MISSOURI  
FILED FEB 17 1949 STANDARD CERTIFICATE OF DEATH

State File No. 5746

BIRTH NO. _____		REG. DIST. NO. 275		PRIMARY REG. DIST. NO. 5943		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <u>Phelps</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL 3 SPRING CREEK LIFE</u>		c. LENGTH OF STAY (In this place) <u>LIFE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Boone</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4 MILES EAST OF DUKE</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mi. W. of Kinderpost Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>Mitchell</u>		c. (Last) <u>Mitchell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-49</u>	
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>		8. DATE OF BIRTH <u>9-24-09</u>	
9. AGE (In years last birthday) <u>39</u>		10. MONTHS <u>2</u> DAYS <u>2</u> HOURS <u>15</u> MIN. <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Kinderpost Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>		11. BIRTHPLACE (State or foreign country) <u>Kinderpost Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>J.W. Mitchell</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Harper</u>		14. NAME OF HUSBAND OR WIFE <u>L</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Geneva Williams, Rolfe Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxiation</u>  ANTECEDENT CAUSES DUE TO (b) <u>Carbon Monoxide Poisoning,</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Running Motor in Parked Automobile</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Accident</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 8915</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>County Road</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Near Duke, Phelps County Mo.,</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb. 3, 1949</u> <u>2:00 -- 8:00 A.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Gas from running motor in Automobile</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on <u>Feb. 3 1949</u> , and that death occurred at <u>8 AM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>S.B. V. M.</u>		23b. ADDRESS <u>Coroner Phelps Co. 3</u> <u>Rolla Missouri</u>		23c. DATE SIGNED <u>Feb. 4, 1949</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-3-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shapel Can - 1</u>		24d. LOCATION (City, town, or county) (State) <u>Phelps Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-9-49</u>		REGISTRAR'S SIGNATURE <u>Nadine L. Stoeck</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith &amp; Ferguson, Phelps Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

Phelps County Health Officer,

County File Number 2-16-49

Date Filed \_\_\_\_\_

FEB 24 1949

FEB 23 1949

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

*Not Emb*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Student Embalmer

Signed

*Robert E. Ferguson*

Licensed Embalmer No. 3945

P. O. Address Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.